

Kuna City Clerk's Office Monday-Friday 8:00am to 5:00pm 751 W 4th St. Kuna, ID 83634 (208) 387-7726 cityclerk@kunaid.gov

| Zivino o verview | Event Overview | | | | |
|---|-----------------|--------|--|--|--|
| Event Name: | | | | | |
| Address of Event: Contact Phone: | | | | | |
| Time(s) and Date(s) of Event: | | | | | |
| Organizer Name: Organization: | | | | | |
| Number of Attendees: Email: | | | | | |
| Event Set-Up and Take Down Times and Dates: | | | | | |
| Type of Event: | | | | | |
| List any entrance or participation fees that will be charged (if applicable) or N/A: | | | | | |
| General Questions | YES | NO | | | |
| Will your event be held on private property (home, private event center, etc.)? | | | | | |
| Will your event require any street closures or traffic route alteration? (If yes, fill out ACHD/Traffic Section) | | | | | |
| Will your event have food (either provided or available for purchase)? (If yes, please fill out Food Section) | | | | | |
| Will your event have vendors (food, cottage industry, service provider, etc.)? (If yes, fill out Vendor Section) | | | | | |
| Will there be promotional signage at your event? (If yes, please provide examples) | | | | | |
| Will your event have alcohol (either provided or available for purchase)? (If yes, fill out Alcohol Section) *Fee required | | | | | |
| Will your event require a park reservation (Bernie Fisher Park, etc.)? *Fee required | | | | | |
| Will your event be held behind City Hall or require multiple trips on the grass? *Fee required | | | | | |
| Will your event be held after hours (between dusk to dawn)? *Fee required | | | | | |
| Safety, Security, and Lost Child Plans | _ | _ | | | |
| | | the | | | |
| safety of event attendees. Please attach a copy of your public safety and security plans to the application up All safety and security plans must receive approval by the Kuna Police Department. The number of required private security staff is based on the number of event attendees: For 0-1,000 attendees – at least two (2) security staff are required at all times. For each additional 1,000 attendees – one (1) additional security staff is required at all times. | on submi | | | | |
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| Parking Parking | | | | |
|---|--|--|--|--|
| Primary Parking Location: Overflow Parking Location: | | | | |
| List parking fees that will be charged (if applicable): | | | | |
| Restrooms | | | | |
| YES NO | | | | |
| Will you be bringing in additional Porto-Potties? | | | | |
| Number of Restrooms: | | | | |
| Number of ADA Restrooms: | | | | |
| Location of Restrooms: | | | | |
| Porto-Potty Company: Phone: | | | | |
| Refuse | | | | |
| YES NO | | | | |
| Have you contacted J&M Sanitation at (208) 922-3313? | | | | |
| How many trash carts will your event need? | | | | |
| Location of trash carts: | | | | |
| | | | | |
| Detailed refuse plan for event clean-up: | | | | |
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| ACHD/Traffic Control | | | | |
| YES NO | | | | |
| Has the Ada County Highway District (ACHD) been contacted about road closures? | | | | |
| Traffic Control Company: | | | | |
| Company Contact Person: | | | | |
| Company Email: Phone: | | | | |
| Events that require ACHD approval: | | | | |
| ☐ Attach traffic control plan filed with ACHD ☐ Attach approved ACHD forms (A or B) | | | | |
| A. https://www.achdidaho.org/Documents/Forms/CUP/ACHD_SpecialEventPermitNonProfit.pdf | | | | |
| B. https://www.achdidaho.org/Documents/Forms/CUP/ACHD SpecialEventPermitCommercial.pdf | | | | |
| Food/Vendors | | | | |
| How many vendors will need electricity? | | | | |
| List vendor fees that will be charged (if applicable) or N/A: | | | | |
| YES NO | | | | |
| If food is being served, has Central District Health (CDH) been contacted? | | | | |
| Has the Idaho Tax Commission been contacted? | | | | |
| Has the Kuna Building Department been contacted to schedule vendor electrical inspections? | | | | |
| *Electrical inspection required for events – please contact the Kuna Building Department at (208) 639-5342 | | | | |
| If you will have vendors at event: | | | | |
| Provide a complete list of participating vendors prior to your event. | | | | |
| Event and Promotional Signage | | | | |
| | | | | |
| Attach photos of signage as well as dimensions of each sign (required at least 10 days prior to event). *All banners at Bernie Fisher Park must be put up by Park and Recreation Department staff only | | | | |

| Catering Permit Holder: | |
|--|--|
| | |
| Type(s) of alcohol to be served at event: | |
| Serving times for alcohol (to/from): | |
| | |
| Type(s) of serving containers: *Alcohol catering permit required from Kuna City Clerk | |
| Detailed plan for age verification (wristbands, ID check, etc.): | |
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| | |
| Detailed cleakel accounts when | |
| Detailed alcohol security plan: | |
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| | |
| Attach photos of alcohol area signage that will be displayed at event. | |
| Attach detailed map of serving location (including entrances and exits).Attach photo of wrist band. | |
| Attach completed/approved Alcohol Catering Permit - https://kunacity.id.gov/FormCenter/City- | Clerk-13/Alcohol- |
| Beverage-Catering-Permit-119 | |
| Miscellaneous | |
| *Required for all events: | |
| | |
| Detailed public notification plan (how will you be letting the public know your event is happer closures, noise, etc. might affect them) | ing and how street |
| crosures, noise, etc. might affect them) | |
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| Event Fees: | Amount |
| | Amount \$ |
| Event Fees: Park ReservationAttach receipt - https://secure.rec1.com/ID/kuna-id/catalog Alcohol Catering Permit\$20/day | \$ \$ |
| □ Park ReservationAttach receipt - https://secure.rec1.com/ID/kuna-id/catalog □ Alcohol Catering Permit\$20/day □ Grass FeeTBD based on usage | \$ \$ \$ |
| □ Park Reservation | \$ \$ \$ |
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| Photos of Event and Promotional Signage with Dimensions | | | |
|---|---|------|----|
| Alcohol Catering Permit | | | |
| Photos of Alcohol Area Signage | | | |
| Map of Alcohol Serving Area (including entrances and exits) | | | |
| Photo of alcohol wristbands (if applicable) | | | |
| Park Reservation Receipt | |] | |
| After Hours Receipt | | | |
| Grass Fee Receipt | | | |
| Other Pass-Through Cost Receipt(s) | | | |
| Other Lass-Tillough Cost Receipt(s) | | | |
| Office 1 | Use Only | | |
| | | YES | NO |
| Have all applicable attachments been received and reviewed? | | | |
| Is this Special Event Plan approved? | | | |
| | | | |
| SEP Application #: | Date of Approval: | | |
| Special Comments/Instructions | | | |
| Special Comments/Instructions | | | |
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| City Clerk | Parks Director (if applicable) | | |
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| Chief of Police, City of Kuna (if applicable) | Fire Chief, City of Kuna (if application) | rle) | |
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| You must keep a copy of your approved special event | | | |
| plan on hand at your event. | City of Kuna Seal | | |
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